

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Michael Allen for Assembly 2010			Date of This Filing _____ 06/02/2010 _____	Date Stamp Page 1 of 3	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 24px;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (707)695-6454	I.D. NUMBER (if applicable) 1317457	Report No. _____ 060110 _____			
STREET ADDRESS _____					
CITY Santa Rosa	STATE CA	ZIP CODE 95409			
			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages _____ 3 _____		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
06/01/2010	Brian Chase Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Bisnar Chase	\$2,500.00
06/01/2010	Christopher Dolan San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Dolan Law Firm	\$2,500.00
06/01/2010	Don Ernst San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Ernst & Mattison	\$2,500.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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NAME OF FILER Michael Allen for Assembly 2010			Date of This Filing _____ 06/02/2010 _____	Date Stamp Page 3 of 3	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (707)695-6454	I.D. NUMBER (if applicable) 1317457	Report No. _____ 060110 _____			
STREET ADDRESS _____					
CITY Santa Rosa	STATE CA	ZIP CODE 95409			
			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages _____ 3 _____		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: